U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 9160	2. Fiscal Year Covered From:				
	1 / 1 / 2004 Through: 12 / 31 / 2004				
3. Name and address of person filing.	Name, file number, and address of labor organization.				
Name Gerald T Feldhaus	Name Building and Construction Trades Council				
	Labor Organization File Number 010-042				
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any Suite B				
Street 1300 Pine Bluff Drive	Street 2300 Hampton Avenue				
City St. Charles	City St. Louis				
State Missouri ZIP Code + 4 63304	State Missouri. ZIP Code + 4 63139				
5. Position in labor organization. Executive Secretary-Treasurer					
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.					
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street	7.b. Amount.				
City					
State ZIP Code + 4					
Signature					
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)					
Signed Deal Rollow	On 5 114-647-0628 Date Telephone Number				
Form I M 20 (2002)	- ste Totophone Number				

Name of Person Filing Gerald Feldhaus	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing.			
10. If 9.b. or 9.c. is checked give trust or employer's name.	Prince retailed or outstanding.	E The solved bill diministration regular regul		
Name	THE COLUMN TO TH	ordinations		
Trade Name, if any:	TO PORT OF THE POR			
P.O. Box, Bldg., Room No., if any	The ended to the control of the cont	**************************************		
Street	11.b. Approximate dollar value of such dealing.			
City	12.a. Nature of interest held or income received.	The second of th		
State ZIP Code + 4				
	12.b. Amount.			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	**************************************		
	05/11/04 - Advisory Board Meeting	VVV		
Name Paul McCloskey	Agran constitute of	And the second s		
Trade Name, if any: Amalgamated Bank of Chicago		an experience of the control of the		
P.O. Box, Bldg., Room No., if any	NAME AND ADDRESS OF THE ADDRESS OF T	Automotive management		
Street One West Monroe		Service and the service and th		
City Chicago	The Confederation of the Confe	AMERICAN CONTRACTOR CO		
State Illinois ZIP Code + 4 60603-5301				
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment.	A. C. P.		
19.9. Is the Eugeniese an Employer Of Consultant		\$250		